



# Change in Financial Situation 2021-2022

Financial Aid Office  
7390 S. 6<sup>th</sup> Street  
Klamath Falls, OR 97603  
(541) 882-3521  
www.klamathcc.edu

Last Name	First Name	Middle Initial
Current Address		(      ) Phone Number (Daytime)
City	State	Zip
(      ) Social Security Number	Student ID #	E-mail Address

To request 2019 income to be used to determine your financial aid eligibility, complete Section A, B, and C, attach documentation, sign and return to the Financial Aid office. Only circumstances that are beyond a student/spouse/parent(s) control will be taken into consideration.

If you/your spouse's/and/or your parent(s) income will be less in 2020 than 2019 for any reasons listed below, check the appropriate reason in Section A, complete Section B, and explain your situation in Section C.

**SECTION A:**

- Unemployment or change in employment (e.g. termination/layoff letter from employer, unemployment statement, dislocated worker form).
- Death of student's parent or spouse (e.g. copy of death certificate, obituary, eulogy).
- Disability of student, parent or spouse (e.g. medical document, accident report).
- Other (submit appropriate documentation).
- Loss of one-time income (e.g. military separation, pension or retirement, inheritance, court settlement)  
Identify the source and amount of income and how the funds are spent or invested in Section C.

Provide your/your spouse's/and/or parent(s) expected income and resources for the period January 2020 through December 2020. Documentation (W-2s, 1099s, tax returns, etc.) must be attached.

**SECTION B:**

	You	Spouse	(Step) Father	(Step) Mother
Wages, salaries, tips (income from work)	_____	_____	_____	_____
Unemployment compensation	_____	_____	_____	_____
Other taxable income      Specify _____	_____	_____	_____	_____
AFDC/ADC/TANF	_____	_____	_____	_____
Social Security benefits	_____	_____	_____	_____
Child Support (Received)	_____	_____	_____	_____
Child Support (Paid) To whom _____	_____	_____	_____	_____
Alimony	_____	_____	_____	_____
Other untaxed income      Specify _____	_____	_____	_____	_____

- There must be a number on all lines, even if they are 0's

**SECTION C:**

**Explain in detail your change in circumstances**

Date of Occurrence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I understand that my request will not be processed if it is incomplete or if documentation is not attached. I have attached the required documentation from page one for consideration of this request.

I certify the information provided on this form is true and correct to the best of my knowledge. I acknowledge that incorrect information may affect future financial aid funding.

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature*

**Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature*

**(Step) Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature*

**(Step) Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature*

**OFFICE USE ONLY**

Approved per Professional Judgment       Denied       Pending

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ FA Approval

\_\_\_\_\_ Date